



Commonwealth of Kentucky KyHealth Choices

USER MANUAL For SCHOOL BASED SERVICES

Version 1.0

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Revision History

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1.0	04/02/2007	Ann Murray	Creation of new document.

Table of Contents

NUMBER	DESCRIPTION	PAGE
Figure 1:	Main Menu with School Based Services selected	4
Figure 2:	Illustration of Welcome page.....	5
Figure 3:	Illustration of the ASBHS Home link selected	6
Figure 4:	Illustration of the ASBHS Home page.....	7
Figure 5:	Member and Provider IDs ready to either search for a PA or create a new PA	8
Figure 6:	Illustration of a search made with a valid Member ID.....	9
Figure 7:	Illustration of a search with an invalid Member ID	10
Figure 8:	Top of form	11
Figure 9:	Body of the form ready to be filled out.....	12
Figure 10:	Illustration of a form ready for complete.....	13
Figure 11:	Illustration of possible errors	14
Figure 12:	Illustration of a properly completed form (notice a PA is issued).....	15
Figure 13:	ASBHS Home page ready to search by PA number.....	16
Figure 14:	Illustration of a form with all information and ready for printing	17
Figure 15:	Notice the difference	18
Figure 16:	Illustration of a PA prior to clicking the submit button	19
Figure 17:	Illustration of errors.....	20
Figure 18:	Properly completed amend after the amend button is clicked	21
Figure 19:	Reports page	22
Figure 20:	Example of a School year report.....	23
Figure 21:	Example of a Provider report.....	24
Figure 22:	Example of a members report	25



Figure 1: Main Menu with School Based Services selected

After logging in, click the link for School Based Services at the bottom of the list on the left.

After the School Based Services link is selected, the School Based Services Welcome page appears.

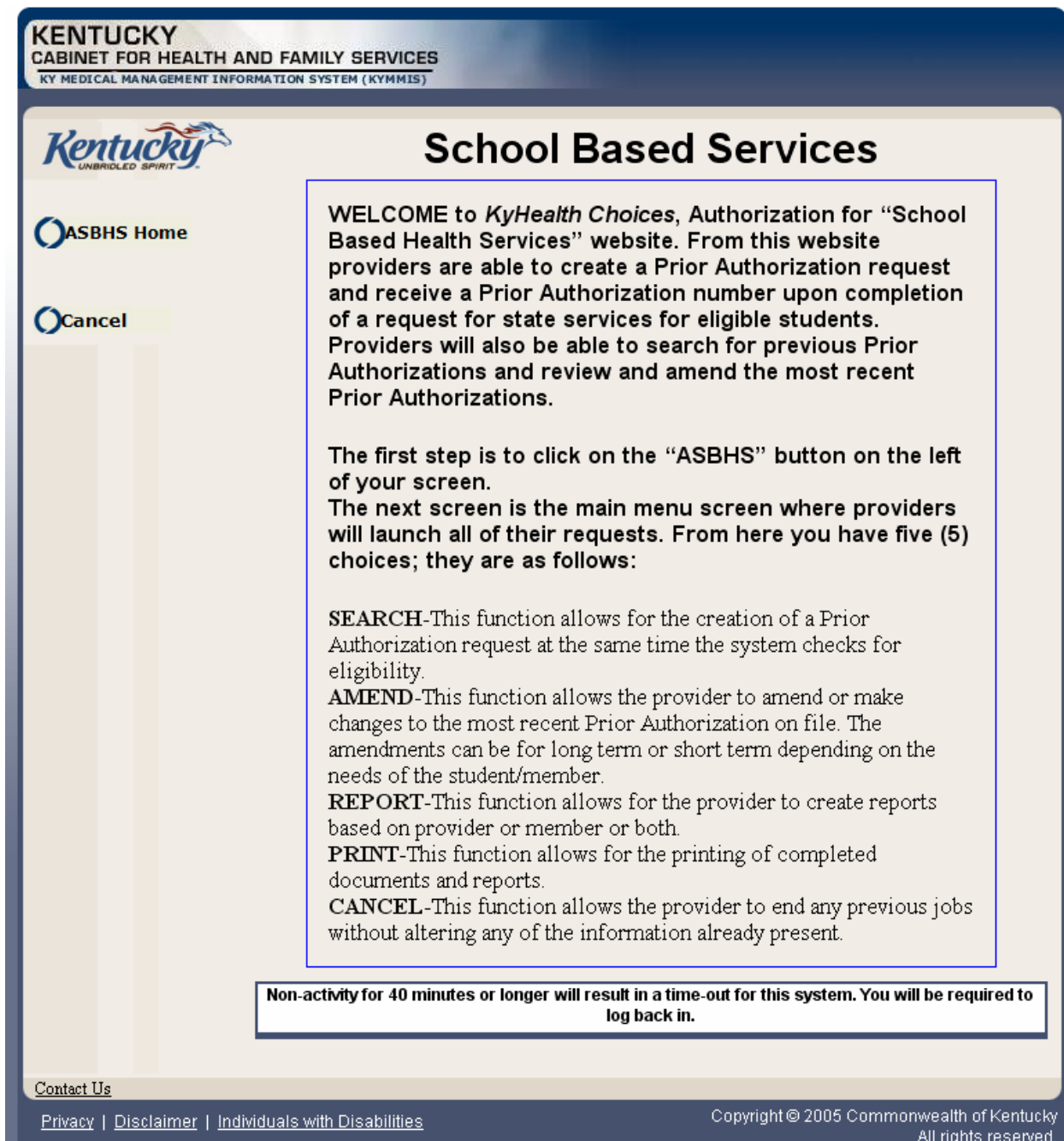





Figure 2: Illustration of Welcome page

ASBHS is "Authorization for School Based Health Services".

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)



ASBHS Home

Cancel

School Based Services

WELCOME to *KyHealth Choices*, Authorization for “School Based Health Services” website. From this website providers are able to create a Prior Authorization request and receive a Prior Authorization number upon completion of a request for state services for eligible students. Providers will also be able to search for previous Prior Authorizations and review and amend the most recent Prior Authorizations.

The first step is to click on the “ASBHS” button on the left of your screen.
The next screen is the main menu screen where providers will launch all of their requests. From here you have five (5) choices; they are as follows:

SEARCH-This function allows for the creation of a Prior Authorization request at the same time the system checks for eligibility.
AMEND-This function allows the provider to amend or make changes to the most recent Prior Authorization on file. The amendments can be for long term or short term depending on the needs of the student/member.
REPORT-This function allows for the provider to create reports based on provider or member or both.
PRINT-This function allows for the printing of completed documents and reports.
CANCEL-This function allows the provider to end any previous jobs without altering any of the information already present.

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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Figure 3: Illustration of the ASBHS Home link selected

Select the ASBHS home button and click on it. This will take you to the search screen.

KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)



School Based Services

ASBHS Home

You may search by [Member ID Number](#) and [Provider ID Number](#)

1 Search

To amend a [pre-existing Authorization Number](#) you will need to enter the number and select [amend button](#) to the left.

2 Amend

Member ID#

3 Provider ID#

4 Pre-existing Authorization Number

5 Search

Print

Cancel

New

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Figure 4: Illustration of the ASBHS Home page

The Provider Field will **auto-populate**. You may then enter the Member Id number or a preexisting Prior Authorization number.

Providers may select inquiries or start the process of requesting a Prior Authorization Number via the Home Page.

Below is a list of brief descriptions for each function:

1. **SEARCH** – This function allows the user to request a Prior Authorization request and at the same time the system verifies eligibility.
2. **AMEND** – This function allows the provider to amend the most recent Prior Authorization on file.
3. **REPORT** – This function allows a provider to create reports based on provider or member or both.
4. **PRINT** – This function allows provider to print documents and reports.
5. **CANCEL** – This function allows the provider to end any previous jobs without altering any of the information already present.



School Based Services

[ASBHS Home](#)

You may search by [Member ID Number](#) and [Provider ID Number](#)

[Search](#)

To amend a [pre-existing Authorization Number](#) you will need to enter the number and select [amend](#) button to the left.

[Amend](#)

[Report](#)

[Print](#)

[Cancel](#)

Member ID#

Provider ID#

Pre-existing Authorization Number

[Search](#)

[New](#)

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Figure 5: Member and Provider IDs ready to either search for a PA or create a new PA

Click search or new.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)



ASBHS Home

Search

Amend

Report

Print

Cancel

Member ID#
Provider ID#

Member Name
Provider Name

Authorization # | Date of Last Service | Clerk Name

New

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Figure 6: Illustration of a search made with a valid Member ID

Note this Member did not have an “existing PA” on file and therefore no rows show in the tables. At this point you can create a new PA.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



School Based Services

[ASBHS Home](#)

[Search](#)

[Amend](#)

[Report](#)

[Print](#)

[Cancel](#)

Member ID#

Member Name

Provider ID#

Provider Name

New

Notice that nothing is shown in the Provider or Member Fields

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

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Figure 7: Illustration of a search with an invalid Member ID

The Member entered on the search panel was “not valid” therefore no PA’s were found and no new PA’s can be created.

KENTUCKY

CABINET FOR HEALTH AND FAMILY SERVICES

KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



ASBHS Home

Search

Amend

School Based Services

Member ID#

Member Name

Provider ID#

Provider Name

Authorization # 0

SERVICE

FREQUENCY

DURATION

Begin Date

End Date

Figure 8: Top of form

When filling out the form, the Member's ID field is blank.

The member ID that is entered on the search screen is not carried over to the new PA screen. You will need to re-enter the Members Id number here.

Report

Print

Cancel

☐ Nursing Services
 X Day
 X Day

☐ Physical Therapy Services
 X Day
 X Day

☐ Occupational Therapy Services
 X Day
 X Day

☐ Speech/Language Therapy Services
 X Day
 X Day

☐ Hearing/Audiology Services
 X Day
 X Day

☐ Incidental Interpreter Services
 X Day
 X Day

☐ Orientation and Mobility Services
 X Day
 X Day

☐ Respiratory Services
 X Day
 X Day

☐ Behavioral Services
 X Day
 X Day

☐ Specialized Transport Services
 X Day
 X Day

☐ Assistive Technology
 X Day
 X Day

Please type 'Yes' to certify that all services marked above are included in the members **IEP**.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this **PA**.

Person Completing above information

Submit


New

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Figure 9: Body of the form ready to be filled out

The body of the form is blank and ready for the Provider to enter all services requested for the student/ member.

KENTUCKY
 CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMS)



School Based Services

[ASBHS Home](#)

[Search](#)

[Amend](#)

[Report](#)

[Print](#)

[Cancel](#)

Member ID# **Member Name**

Provider ID# **Provider Name**

Authorization # 0

	SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input type="checkbox"/>	Nursing Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Physical Therapy Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Occupational Therapy Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Speech/Language Therapy Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Hearing/Audiology Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Incidental Interpreter Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Orientation and Mobility Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Respiratory Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Behavioral Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Specialized Transport Services	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>
<input type="checkbox"/>	Assistive Technology	<input type="text"/> X Day ▼	<input type="text"/> X Day ▼	<input type="text"/>	<input type="text"/>

Please type 'Yes' to certify that all services marked above are included in the members **IEP**.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this **PA**.

Person Completing above information

Figure 10: Illustration of a form ready for complete

At this point, the form is ready for completion by the provider. Areas circled are required fields.

Note: “ESY” stands for “Extended School Year”

“IEP” stands for “ Individual Education Plan”

“PA” stands for “Prior Authorization”

[ASBHS Home](#)
[Search](#)
[Amend](#)
[Report](#)
[Print](#)
[Cancel](#)

Provider ID#

Provider Name

Authorization #
0

SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/> Nursing Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Physical Therapy Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Occupational Therapy Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Speech/Language Therapy Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Hearing/Audiology Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Incidental Interpreter Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Orientation and Mobility Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Respiratory Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Behavioral Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Specialized Transport Services	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Assistive Technology	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/> X Day <input type="button" value="v"/>	<input type="text"/>	<input type="text"/>

Please type 'Yes' to certify that all services marked above are included in the members **IEP**.
You must enter 'Yes'
☐ Click this box if this is an **ESY** condition.
Please enter the Add or Amended date for this **PA**.
This is a required field, You must enter a date
Person Completing above information
Person Completing above information required

Submit

New

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Figure 11: Illustration of possible errors

Please check the box to request services.

Frequency = The number of occurrences per day.

Duration = How long it will last per school year.

You must enter "YES" in the IEP field. The illustration shows the possible errors a Provider could receive prior to clicking on the submit button.

UNBROKEN SPIRIT

ASBHS Home

Search

Amend

Report

Print

Cancel

Member ID# [REDACTED] Member Name

Provider ID# [REDACTED] Provider Name

Authorization # **0702120001**

	SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/>	Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Physical Therapy Services	X Day	X Day		
<input type="checkbox"/>	Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/>	Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input type="checkbox"/>	Hearing/Audiology Services	X Day	X Day		
<input type="checkbox"/>	Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/>	Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/>	Respiratory Services	X Day	X Day		
<input type="checkbox"/>	Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/>	Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Assistive Technology	X Day	X Day		

Yes ☐ Please type 'Yes' to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an ESY condition.

Please enter the Add or Amended date for this PA. 10/01/2006

Person Completing above information Tester McTester


Submit

Figure 12: Illustration of a properly completed form (notice a PA is issued)

When the form is properly completed and the submit button is clicked, a PA number is returned to the Provider (please notice you do not have the member's name displayed).

At this point, record the PA number and select the ASBHS Home button.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMMIS)



School Based Services

ASBHS Home

Search

Amend

Report

Print

Cancel

You may search by [Member ID Number](#) and [Provider ID Number](#)

To amend a [pre-existing Authorization Number](#) you will need to enter the number and select [amend button](#) to the left.

Member ID#

Provider ID#

Pre-existing Authorization Number

0702120001|

Search

New

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Figure 13: ASBHS Home page ready to search by PA number

After entering the PA number issued in the PA field of the home page, select search.

The system returns to the Provider a completed form with all information in its proper place, as illustrated in figure 14.



School Based Services

☐ ASBHS Home
☐ Search
☐ Amend
☐ Report
☐ Print
☐ Cancel

Member ID# Member Name

Provider ID# Provider Name

Authorization # **0702120001**

	SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/>	Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Physical Therapy Services	X Day	X Day		
<input type="checkbox"/>	Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/>	Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input type="checkbox"/>	Hearing/Audiology Services	X Day	X Day		
<input type="checkbox"/>	Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/>	Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/>	Respiratory Services	X Day	X Day		
<input type="checkbox"/>	Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/>	Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Assistive Technology	X Day	X Day		

☒ Yes Please type 'Yes' to certify that all services marked above are included in the members **IEP**.
☐ Click this box if this is an **ESY** condition.
 Please enter the Add or Amended date for this **PA**. 10/01/2006
 Person Completing above information **Tester McTester**

Amend


New

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Figure 14: Illustration of a form with all information and ready for printing

At this point, a review of all information shown for accuracy is performed (for example: is this the correct student/ member, are theses the correct services requested for this student/ member and so on). If all information is correct then select the print button and print a copy for your records.



School Based Services

☐ ASBHS Home
☐ Search
☐ Amend
☐ Report
☐ Print
☐ Cancel

Member ID# Member Name

Provider ID# Provider Name

Authorization # **0702120001**

	SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/>	Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Physical Therapy Services	X Day	X Day		
<input type="checkbox"/>	Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/>	Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input type="checkbox"/>	Hearing/Audiology Services	X Day	X Day		
<input type="checkbox"/>	Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/>	Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/>	Respiratory Services	X Day	X Day		
<input type="checkbox"/>	Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/>	Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Assistive Technology	X Day	X Day		

☒ Yes Please type 'Yes' to certify that all services marked above are included in the members IEP.
☐ Click this box if this is an ESY condition.
 Please enter the Add or Amended date for this PA. 10/01/2006
 Person Completing above information **Tester McTester**

Amend

New


Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Figure 15: Notice the difference

The screen illustrated here is the screen used to **amend a PA**. This screen has several differences from the screen used to submit for the original PA.

These differences are:

1. The PA is listed at the top of the page.
2. The original request date is now in red.
3. The name of the person who first submitted the request is now listed in red.
4. The Submit button has been replaced with the **Amend button**.



School Based Services

[ASBHS Home](#)
[Search](#)
[Amend](#)
[Report](#)
[Print](#)
[Cancel](#)

Member ID# XXXXXXXXXX Member Name XXXXXXXXXX

Provider ID# XXXXXXXXXX Provider Name XXXXXXXXXX

Authorization # **0702120001**

	SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/>	Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Physical Therapy Services	X Day	X Day		
<input type="checkbox"/>	Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/>	Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input checked="" type="checkbox"/>	Hearing/Audiology Services	2 X Day	20 X Week	12/30/2006	05/30/2007
<input type="checkbox"/>	Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/>	Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/>	Respiratory Services	X Day	X Day		
<input type="checkbox"/>	Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/>	Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/>	Assistive Technology	X Day	X Day		

☐ Yes Please type 'Yes' to certify that all services marked above are included in the members **IEP**.
☐ Click this box if this is an **ESY** condition.
 Please enter the Add or Amended date for this PA. 10/01/2006 12/29/2006
 Person Completing above information: Tester McTester Fred Tester

Amend

New

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Figure 16: Illustration of a PA prior to clicking the submit button

The amend function allows a provider to make long and short term changes to the student/ members PA.

When a PA is amended, the date and the person's name must be entered before the amend takes effect.

UNBRIDLED SPIRIT

ASBHS Home

Search

Amend

Report

Print

Cancel

Member ID# [REDACTED] Member Name [REDACTED]

Provider ID# [REDACTED] Provider Name [REDACTED]

Authorization # 0702120001

SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/> Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Physical Therapy Services	X Day	X Day		
<input type="checkbox"/> Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/> Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input checked="" type="checkbox"/> Hearing/Audiology Services	2 X Day	20 X Week	12/30/2006	05/30/2007
<input type="checkbox"/> Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/> Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/> Respiratory Services	X Day	X Day		
<input type="checkbox"/> Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/> Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Assistive Technology	X Day	X Day		

☐ Yes Please type 'Yes' to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an ESY condition.

Please enter the Add or Amended date for this PA. 10/01/2006

This is a required field, You must enter a date

Person Completing above information Tester McTester

Person Completing above information required

Amend

New

Non-activity for 40 minutes or longer will result in a time-out for this system. You will be required to log back in.

Contact Us

Figure 17: Illustration of errors

If the date and the person's name are **not entered**, the system returns this error or errors depending on whether one or both required fields are left blank.



School Based Services

[ASBHS Home](#)

[Search](#)

[Amend](#)

[Report](#)

[Print](#)

[Cancel](#)

Member ID#		Member Name	
Provider ID#		Provider Name	
Authorization #	0702120001		

SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/> Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Physical Therapy Services	X Day	X Day		
<input type="checkbox"/> Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/> Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input checked="" type="checkbox"/> Hearing/Audiology Services	2 X Day	20 X Week	12/30/2006	05/30/2007
<input type="checkbox"/> Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/> Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/> Respiratory Services	X Day	X Day		
<input type="checkbox"/> Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/> Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Assistive Technology	X Day	X Day		

☒ Yes Please type 'Yes' to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this PA. 12/29/2006

Person Completing above information Fred Tester

Amend


New

Figure 18: Properly completed amend after the amend button is clicked

When a PA is properly amended, the system retains the changes made to the PA and replaces the date and name shown in red with the new information, as shown in figures 16 and 18.

Note: In "figure 16" the add/amend date was 10/1/2006. In "figure 18" after the update the add/amend date is 12/29/2006. The name has also been updated.

KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
KY MEDICAL MANAGEMENT INFORMATION SYSTEM (KYMIS)



School Based Services

ASBHS Home

Search

Amend

Report

Print

Cancel

You may search by [Member ID Number](#) and [Provider ID Number](#)

To amend a [pre-existing Authorization Number](#) you will need to enter the number and select [amend button](#) to the left.

Member ID#

Provider ID#

Date Ranges (mm/dd/ccyy):
The Date Range is Required to

Select the report type below.

☒ School Year

☐ Provider

☐ Member

Run Report

New

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Figure 19: Reports page

The next topic references reports a provider can bring up. There are three different types of reports:

1. By school year: produces PA's for only one school year.
2. By provider: produces PA's for multiple years for a single provider
3. By member: produces PA's for a single year for a single member

When looking up reports, the date range is a required field.



School Based Services

[ASBHS Home](#)

Member ID#

Member Name

Provider ID#

Provider Name

[Search](#)

[Amend](#)

[Report](#)

[Print](#)

[Cancel](#)

Authorization #	Date of First Service	Date of Last Service
0701160012	08/01/2006	05/01/2007
0701120019	02/01/2008	02/10/2007
0701120020	08/01/2006	05/30/2007
0701120021	01/10/2007	07/01/2007
0701130001	08/01/2006	05/30/2007
0702120001	09/01/2006	05/30/2007
0701110001	09/01/2006	06/01/2007
0701110002	09/01/2006	01/04/2007
0701120015	08/01/2006	05/30/2007
0701120018	09/01/2006	05/30/2007
0701110003	01/01/2007	03/01/2007
0611270001	11/25/2006	11/24/2006
0701160007	08/01/2006	05/30/2007
0701120025	01/01/2007	01/01/2007
0701130002	08/01/2006	05/30/2007
0701120007	01/01/2007	01/05/2007
0701120008	01/01/2007	02/01/2007
0701110007	01/08/2007	03/08/2007
0701120024	01/01/2007	01/01/2007
0701160010	01/01/2007	03/08/2007
0701120017	01/01/2007	01/17/2007
0701160011	01/01/2007	04/04/2007
0701160009	01/01/2007	01/20/2007
0702020001	08/01/2006	05/30/2007
0702020002	08/01/2006	05/30/2007
0702020003	08/01/2006	05/30/2007
0702020004	08/01/2006	05/30/2007

[New](#)

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Figure 20: Example of a School year report



School Based Services

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[Amend](#)

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[Cancel](#)

Member ID#

Member Name

Provider ID#

Provider Name

Authorization #	Date of First Service	Date of Last Service
0701160012	08/01/2006	05/01/2007
0701120019	02/01/2008	02/10/2007
0701120020	08/01/2006	05/30/2007
0701120021	01/10/2007	07/01/2007
0701130001	08/01/2006	05/30/2007
0702120001	09/01/2006	05/30/2007
0701110001	09/01/2006	06/01/2007
0701110002	09/01/2006	01/04/2007
0701120015	08/01/2006	05/30/2007
0701120018	09/01/2006	05/30/2007
0701110003	01/01/2007	03/01/2007
0611270001	11/25/2006	11/24/2006
0701160007	08/01/2006	05/30/2007
0701120025	01/01/2007	01/01/2007
0701130002	08/01/2006	05/30/2007
0701120007	01/01/2007	01/05/2007
0701120008	01/01/2007	02/01/2007
0701110007	01/08/2007	03/08/2007
0701120024	01/01/2007	01/01/2007
0701160010	01/01/2007	03/08/2007
0701120017	01/01/2007	01/17/2007
0701160011	01/01/2007	04/04/2007
0701160009	01/01/2007	01/20/2007
0702020001	08/01/2006	05/30/2007
0702020002	08/01/2006	05/30/2007
0702020003	08/01/2006	05/30/2007
0702020004	08/01/2006	05/30/2007

[New](#)

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Figure 21: Example of a Provider report



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Member ID#		Member Name	
Provider ID#		Provider Name	
Authorization #	0702120001		

SERVICE	FREQUENCY	DURATION	Begin Date	End Date
<input checked="" type="checkbox"/> Nursing Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Physical Therapy Services	X Day	X Day		
<input type="checkbox"/> Occupational Therapy Services	X Day	X Day		
<input checked="" type="checkbox"/> Speech/Language Therapy Services	1 X Week	36 X Week	09/01/2006	05/30/2007
<input checked="" type="checkbox"/> Hearing/Audiology Services	2 X Day	20 X Week	12/30/2006	05/30/2007
<input type="checkbox"/> Incidental Interpreter Services	X Day	X Day		
<input type="checkbox"/> Orientation and Mobility Services	X Day	X Day		
<input type="checkbox"/> Respiratory Services	X Day	X Day		
<input type="checkbox"/> Behavioral Services	X Day	X Day		
<input checked="" type="checkbox"/> Specialized Transport Services	2 X Day	9 X Month	09/01/2006	05/30/2007
<input type="checkbox"/> Assistive Technology	X Day	X Day		

☒ Yes Please type 'Yes' to certify that all services marked above are included in the members IEP.

☐ Click this box if this is an **ESY** condition.

Please enter the Add or Amended date for this PA. 12/29/2006

Person Completing above information Fred Tester

Amend

New

Figure 22: Example of a members report

Member reports are done a little differently then the others, as there should be just one PA per member per provider per school year. The system returns the PA for the member when this option is selected.

For any other assistance in using the application, please contact:

EDI helpdesk 1-800-205-4696